

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033371

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 3074 Registrar's No. 176

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Scottb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SIKESTONLength of stay in 1b
1 yearc. CITY
OR TOWN Sikeston, MissouriInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Residence 202 S. 6thInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
202 S. Sixth StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILEY

Middle

HUSTON

Last

GARNER

4. DATE OF DEATH

Month

August

Day

4

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Ashflat, Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Garner

13b. MOTHER'S MAIDEN NAME

Sarah (Unknown)

14. NAME OF HUSBAND OR WIFE

Effie McArthur Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Effie Garner 202 S. 6th Street

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction
Arteriosclerotic heart disease 2+ years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-19-62 to 4.3.62 and last saw him alive on 4.3.62
Death occurred at 1045 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Andrew B. Smith MD

22b. ADDRESS

Sikeston Missouri

22c. DATE SIGNED

8.7.62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Forrest Hills Cemetery

23d. LOCATION (City, town, or county)

Morley, Missouri

(State)

24. FUNERAL DIRECTOR'S ADDRESS

Funeral Chapel, Sikeston Mo.

25. DATE RECD. BY LOCAL REG.

August 11, 1962

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 007

2 1007

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 76-0

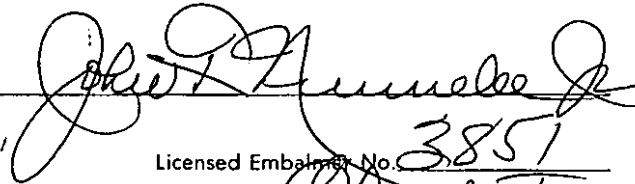
13 2-0

Permit issued Aug 5 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 3851
P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.